WEST VIRGINIA HEALTH CARE AUTHORITY
100 Dee Drive
Charleston, WV 25311

REQUEST FOR HOSPITAL INPATIENT UNIFORM BILLING DATA
Revised August 25, 2014

Data Available

The following data fields are available, subject to limitation, for the time period running from January 1, 2000 to December 31 of the previous calendar year.

Age Group	Discharge Year or Quarter	Payor Group**	Sex
Admission Year or Quarter	E-Code	Principal Diagnosis	Source of Admission
Birth Month	FEIN	Principal Procedure	Type of Admission
Bill Type	HMO Indicator	Patient Discharge Status	State of Residence
County	HCA Hospital ID	Revenue Codes (45)	Service
DRG/MSDRG	Hospital Medicare Provider Numbers	Revenue Units (45)	Total Charges
DRG/MSDRG Version	Length of Stay in Days	Revenue Charges (45)	Zip Code
DRG/MSDRG -Refined*	MDC	Secondary Diagnoses	
DRG/MSDRG Relative Weight	Refined MDC	Secondary Procedures	

*APS through 2006, APR 2007- present

**Payor Groupings: The three most common payor groupings are shown below; others may be requested.

I	Medicare	Medicaid	PEIA	All Other

II	Medicare	Medicaid	PEIA	Non-Govt	All Other

III	Medicare	Medicaid	PEIA	Workers' Comp	Commercial	Other State Govt	Other States' Govt
	Other Fed Govt	Nonprofit	Employer/Union	Charity/Self Pay	All Other	

Datasets & Reports Available

1. Aggregated Datasets

Four subsets of the statewide UB database have been created annually since 1990. All four files are aggregated after sorting on discharges, days of stay, total charges, and DRG or MSDRG case weight. Files PTDRG and PTZIP for 2007 data are split by grouper version 24 (DRG) and 25 (MSDRG).

Available in SAS or text delimited format.

PTDRG: Data are sorted by hospital by state by county by four payor groups (Medicare, Medicaid, PEIA, Other) and DRG, then aggregated into four age cohorts (0-14, 15-44, 45-64, 65 and over); the number of discharges in each cohort is reported.

PTPC: Data are sorted by hospital by state by county by four payor groups by principal procedure; the total number of discharges for each procedure is reported.

PTDX: Data are sorted by hospital by state by county by four payor groups by principal diagnosis; the total number of discharges for each diagnosis is reported.

PTZIP: Zip codes with fewer than 30 discharges are set to blanks. Data are then sorted by hospital by state by county by zip by four payor groups by DRG into four age cohorts (0-14, 15-44, 45-64, 65 and over): the total number of discharges for each procedure is reported.

2. Certificate of Need and Rate Review Reports

These reports are available only for Certificate of Need and Rate Review Purposes. These reports include acute care data only, excluding state psychiatric hospitals, rehab hospitals and units, and long-term care units of hospitals including swing beds.

The Patient Origin and Cardiac Catheterization reports may be found in PDF format on the West Virginia Health Care Authority website. These reports may also be obtained in alternate formats via this data request form.

Patient Origin: Discharges by hospital by state and county of residence.

Cardiac Catheterization: Procedures and discharges by procedure by hospital and by county.

Open-heart Surgery: Procedures by hospital and by state and county of residence.

3. Custom Datasets

To meet particular needs, the West Virginia Health Care Authority can create custom datasets. All custom requests are evaluated using the following criteria: 1) does the intended use have value and utility; 2) is the data available from other sources; 3) has the minimum data necessary to accomplish the intended use been requested; and 4) if research is the intended use, has an IRB with Federal Wide Assurance approved the request?

Order Sheet

Note: Omissions or misrepresentation regarding intended use of the data may result in denial of this and future requests.

Identification

Name: _____

Organization:_____

Organization Type: Hospital:___   Consultant:___   Research:___   Academic:___

Other (specify):_____

Address: _____

Phone: _____ _____ _____   FAX: _____ _____ _____   E-Mail: _____

Billing Address (if different): _____

Contact Person (if different)

Name: _____

Phone: _____ _____ _____   E-Mail: _____

Intended Use of Data:* _____
*Appropriate uses include, but are not limited to: 1) research (attach protocol and IRB approval); 2) health care data analysis, reporting, or planning; and 3) rate review or certificate of need planning.
*Any intended use of data which would contravene the West Virginia Health Care Authority's statutory purpose as defined in W.Va. Code § 16-29B-1 will be deemed inappropriate.

Intended Disclosures of Data*

Publish Results of Analysis: Yes ___   No ___

Third Party**   Yes ___   No ___

*The re-sale of any requested data is strictly prohibited.
**A third party is any entity other than the submitter, including vendors, contractors, and consultants.

CON & RATE Review Reports	**Aggregated Datasets**
$65 Per Year Requested	**$65 Per Year Requested**

CON & RATE Review Reports
$65 Per Year Requested

YEAR(s)

____ Patient Origin   _____

____ Cardiac Catheterization _____

____ Open Heart   _____

FORMAT: SAS __ xls__ pdf__ txt__ (dlm___)

Aggregated Datasets
$65 Per Year Requested

YEAR(s)

____ PTDRG   _____

____ PTPC   _____

____ PTDX   _____

____ PTZIP   _____

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Method of Delivery: Data will be delivered via Secure File Transfer Protocol.

Custom Dataset
$125 Per Year Requested

Please specify the criteria and check the variables needed below. It is generally helpful to consult with Clinical Analysis Division staff prior to submitting a request. Requests with rough schematics of desired output are very helpful.

Any information about diagnoses or procedures, singly or in groups, must be accompanied by the applicable DRG, and/or ICD-9-CM diagnosis and procedure codes (CPT codes are not used).

YEAR(s):   _____

SOURCE: Statewide: ____   Specific Hospital(s) (list): _____

       Specific County(ies) (list): _____

SERVICE TYPE: All Services: ____   Acute: ____   Rehab: ____   State Psych: ____
                         Long -Term Care: ____

DATA FIELDS REQUESTED:

Non-Sensitive Data Fields**:** The following fields are generally available if relevant to the intended use.

	#	Field		#	Field
	1	Admission Year		16	Refined MDC
	2	Birth month		17	Payor Group
	3	Bill Type		18	Principal Diagnosis
	4	DRG/MSDRG		19	Principal Procedure
	5	DRG/MSDRG Version		20	Patient Discharge Status
	6	DRG/MSDRG -Refined*		21	Revenue Codes (45)
	7	DRG/MSDRG Relative Weight		22	Revenue Units (45)
	8	Discharge Year		23	Revenue Charges (45)
	9	E-Code		24	Secondary Diagnoses
	10	FEIN		25	Secondary Procedures
	11	HMO Indicator		26	Source of Admission
	12	HCA Hospital ID		27	Type of Admission
	13	Hospital Medicare Provider numbers		28	State of Residence
	14	Length of Stay in Days		29	Service (Acute, Rehab, LTC, State Psych)
	15	MDC		30	Total Charges

*APS through 2006, APR 2007- present

Sensitive Data Fields**:** The following fields are available only when absolutely necessary to the intended use, and are subject to extreme restriction.

Note: Requesting a Sensitive data field may subject all data fields, including non-sensitive data fields, to more stringent aggregation, suppression, and restriction.

	#	Field	Description
	30	Admission Quarter	Generally not available with length of stay in days.
	31	Discharge Quarter	Generally not available with length of stay in days.
	32	Age Group	Age is typically reported in cohorts such as 0-14, 15-44, 45-64, and 65+. More specific categories will be subject to minimum cell size restrictions.
	33	Sex	Subject to minimum cell size restrictions.
	34	County	Subject to minimum cell size restrictions.
	35	Zip Code	Subject to minimum cell size restrictions.

Note: Data otherwise suppressed may be made available for research under special agreement.

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Detailed description of analysis to be performed:

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Signature: _____   **Date:** _____